CAUSE

of OCCUPAplnods

1. PLACE OF DEATH	(157-2)
County Cecil	Registration Dist. No. 92
Village or City 1720 Elphin	No
	(If death occurred in a hospital or iostitution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos
01:00-0	/
2. FULL NAME William James Une	derson
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Control (Month) (Day) (You
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decease  May 25 13 4 to Asla, 7 19
6. DATE OF BIRTH (month, day, end year) May 25 - 1934	I last saw h elive on 19 death
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6. a., m.
/ /2/ I day,hrs	
9 Trade profession or portionles	Spina Bifida Dated
Notes and the procession of particular of pa	Congenital malformation
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Alary land (State or country)	Other Contributory Causes of importance:
~ 1 000-01.	
13. NAME Helliam James Unduson	
14. BIRTHPLACE (city or town) Mary land (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Many Muller	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Maky Muller  16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mary Anderson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL.  Place of Desire Contesting 7 1934	Manner of injury
19. UNDERTAKER Thorence & alumally (Address)	24. Was disease or Injury in any way related to occupation of deceased?
	The standard of

STATE OF MARYLAND-CERTIFICATE OF DEATH

That I attended deceased from

... Was there an eulopsy?.....

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RGIN RESERVED

V. S. No. 1 N. B.—

STATE OF	MARYLAND-CERTIFICATE OF	DEATH

U	1	6	()	11
V	0	U	~	4

1. PLACE OF DEATH	
. County Cecil	Registration Dist. No. 92
Village or City Charlestown	NoSt.,Ward
The second state of the se	death occurred in a hospital or institution, give its NAME instead of street and number),  ds. How long in U.S. if of foreign birth?
00 0 10.0	now long in 0.3. If of foreign bitth?yrsmosus,
2. FULL NAME John Les Bailey	A . 04.
(a) Residence: No. 38/5 Jallo Road (Usual place of abode)	St., Ward. State union Manual State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word) Single	21. DATE OF DEATH July 25 1934
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
-2 0	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and yeer) Leby 24 1913	I last sew h; death is sald
7. AGE Years Months Deys If LESS then I dey,hrs.	to have occurred on the dete steted ebove, at 5.19.6cm.
7/ 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Compound pastures of skull 7/201
SAWYER, BOOKKEEPER, etc. Muck anwes	and left leg - left shoulder 134
9. Industry or business In which work wes done, as SILK MILL, 2, 8 for any Daniel Co.	broken
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, Zillman Jransf. Co. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month edd).  11. Totel time (years)	
11. Total time (years) this occupation (month end) year) year)  12. Total time (years) spent in this occupation	
	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)  (State or country)  Maryland	
13. NAME Ernest Builey	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country) Rearry and	What test confirmed diegnosis? Wes there an au'opsy?
15. MAIDEN NAME Kathryn Otten	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accessed Date of injury 7/25, 1934
S (State or country) Maryland	Where did injury occur Sharles town, beceil too, md.
17 INFORMANT Harry Ernest Bailey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3815 Falls Road, Baltimore Md.	on tracks of Pennsylvania Railroad
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury strelete by fast train while
If Marijo Hampelle Date Killy d. 1., 1994	Nature of injury truspassing,
19. UNDERTAKED & hissourt total	24. Wes disease or injury in any way related to occupation of deceased?
(Address) 36/5 Chestrut leve Ballo, My	If so, specify ————————————————————————————————————
20. FILED July 75, 184 Jauns Pares	(Signed) J. William State Corone Mars.
Registrar.	(Address) GESCTON TEEM.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	i.	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

V. S. No. 1

County Coult	Registration Dist. No. 9'2
Village or City Elleton (IF	Notice of St., Waldesh occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidanca In city or town whera daath occurred wyrs mos  2. FULL NAME  Topfant  Ban-	as. How long in U.S. if of foreight blrth?yrsmosc
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE  OR DIVORCED (write the yield)  See A	21. DATE OF DEATH  (Day)  (Year)
. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended dacaased fro
DATE OF BIRTH (month, day, and year) July 15, 1934	I last saw hosera alive on July 15 , 1934; death is si
AGE Yaars Months Days If LESS than 1 day, Ars. or 1/2 min.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	Congental debilit
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Date daceased last workad at this occupation (month and year)	
(State or country) Electron	Delhar Coutributory Causes of Importanca:  Siecolo delivery
13. NAME Paul Bawdlak.	
14. BIRTHPLACE (city or town) (State or country) Lettranila	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Wary Borks	23. If daath was due to external causes (VIDLENCE) fill in also the following:
(Stata or country)	Accident, suicide, or homicide? Date of Injury, 19  Whare did injury occur?
INFORMANT Paul Bowelak (Address) Elklor md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Elkhor Connecting Date Justy 15, 19.34	Mannar of injury
UNDERTAKER Flarence & Refurbalty, (Address) Electron	24. Was disaasa or injury in any way related to occupation of deceased?
FILED Killy 15-, 1934 Baces & Dag & Registrar.	(Signad) Hebert Bales M.

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Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	1. PLACE OF DEAT		OF MAR	YLAND—	CERTIFICATE OF DEATH	7026
1		Cecil		W 17 17	G G	4.
	,		a+ 168		Registration Dist. No.	-/
1	Village or CityNC	Len Ts	St, Ma.	(10	NoSt.,  f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in cit	y or town where	death occurred	7yrsmos		
	2. FULL NAME	5. S. B	iles de	amuel	Spencer Biles	
page 1	(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town an	d State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male Whi	te te		RIED, WIDOWED, D (write the word)	July 12, 1934.  (Month) (Day)	., 193
5a	. If married, widowed, or divor	ced	-45	7		(Year)
	(OF)-WIEE-OF-	allie !	cotton	HEAN	22. HEREBY CERTIFY. That I attended about 19 31 to July 12,	deceased from
	DATE OF BIRTH (month day	1-4	7 10	0 1864	1 last saw h im alive on July 10, 1934 19	19049
	DATE OF BIRTH (month, day AGE Years	Months	ar. 3, 185	If LESS than	to have occurred on the date stated above, at 8.30 m.	; death is said
	# 40	4	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
7	Trade, profession, or pa	rticular	1 -	ormin.	were as follows:  Cerebral Hemorrhage	Date olonset
9	kind of work done, a SAWYER, BDDKKEER	es SPINNER, PER, etc	Labores	/s	mer anguar Hamary Haga	5 dys.
OCCUPATION	9. Industry or business in	which				~= ~ = ~ = ~ = ~ = ~
2	work was done, as S SAW MILL, BANK, et 10. Data daceased last work		Gene			
Ŏ	this occupation (mon	th end	sper	me (years) It in this Ipation		
	M-1	00-			Other Contributory Causes of importance:	
12	BIRTHPLACE (city or town) (State or country)	UXI-O:	ra, Fenn	18	General Arteriosclerosis	1911
ER	13. NAME	ohn P.	Biles			
FATHER	14. BIRTHPLACE (city or tov				Name of appraisa	
	(Stata or country)	VII)	JIIICA		Name of operation Oate of What test confirmed diagnosis? Was there an	
ER	15. MAIDEN NAME	Phoehe	Spencer		23. If death was due to external causes (VIOL ENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or tow		1		Accident, suicide, or homicide? Dete of injury	
Σ	(State or country)	20,	1100		Where did injury occur?	
17.	INFORMANT Giff	ord Bil	es		(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) ACE.
	(Address) Nor	th East	t, Maryl	and	•	
18	BURIAL, CREMATION, OR RE		T117	7 7 7 7 7	Manner of injury	
-	Placa North I	الماجالا-مالاجاد	Date J.U.I	V. 14,1904	Nature of injury	
19.	UNDERTAKER	selon R North	Grant East, Mo	Y	24. Was disease or injury in any way related to occupation of deceased?	No
20.	FILED 7-14-34, 19	Lio	10.0	Registrar.	(Signed) H. M. Truckh (Address) Elector ma	M. D.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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E	xample I -		Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MRS 4 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BIREAU	July 5,1927	Peritonitis	3 days ago
	And the second s			
Other contributory causes	of importance:	11	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1		1. PLACE OF DEATH	
1)	occ Occ	County Cccl A	Registration Dist. No. 25
	== /	Village or City near Rising Sun	No. St, Ward
	= 0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	Every CIANS ement	2. FULL NAME Burton Marvin Bond	
	RD. Every YSICIANS statement	10 1.	St. Ward,
	ECORD. Every PHYSICIANS ract statement	(a) Residence: No. / Dr. / Common Sum (Vaual place of abode)	St., Wat U.  If nonresident give city or town and State
	RECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E . XE	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
rh	Z J -	M. W marriel	(Month) (Oay) (Year)
ž	ANER ACT ssifted	5a. If marriad, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
BINDI	RMA X A class	(or) WIFE of Charlotte a. Boyd	, 19, to, 19', 19'
BIL		6. DATE OF BIRTH (month, day, and year) February 7, 1878	I last saw h alive on 19; death is said
22	ed erly fica	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 7.10 a, m.
F.O.	IS A PE stated E properly certificate	56 4 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	00	8. Trada, profassion, or particular kind of work dona, as SPINNER,	bullet wound in head 7-1-34
VED	<b>F</b>	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at/ this pregnation (month and	probabl man til der o
'R	K—T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	how The right of being a grandered
RESER	N a T E	and occupation (months and ) / Sold of the control	Vinvalid
RE	AGE I that that ons	yaar) occupation	Dther Contributory Causes of importance:
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Buch annuan County	embolism of hain - paralyses of 4-76-3.
G	FA] ied. ns, stru	(State or country)	left side - recovering
	Supplied n terms, ee instr	13. NAME Olihue R. Boyd  14. BIRTHPLACE (city or town)	
T	70	14. BIRTHPLACE (city or town)	Name of operation Data of Was there an au'opsy? Was there are au'opsy? Data of
	T T T	15. MAIDEN NAME Rachel Jackson	23. If death was dua to externat causes (VIDL ENCE) fill in also the following:
16	INLY, WITI be carefully EATH in pla important.	15. MAIDEN NAME Rachel Jackson  16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Assistable Data of Injury 7 - 1, 1934
	ATT.	(State or country)	Where did injury occur? 170 2 Rising Sun, hid.
	PLAINLY, hould be car OF DEATH very import	17. INFORMANT J. C. Boyd	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D s very	(Address) Farming ton, Med.	at home
	E N EN W	18. BURIAL, CREMATION, OR REMOVAL  Place A The Grand M. M. Date July 2. 1934	Manner of injury self inflicted wound from
	-WRITE mation s CAUSE TION is	Place Polylland Millore Mily S, 1954	Natura of injury 3 real. auto, pistot
Η.	CA TIC	19. UNDERTAKER 1. G - UJO	24. Was disaase or injury In any way related to occupation of dacaased?
No.	E B	(Addrass) Pising Sun Ma	(Signad) J. Coliney Frazer Coroner par
, S	1	20. FILEO	(Address) Elkton hat.
	Hen	- July to fundament	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
		100000000000000000000000000000000000000	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

	of infor-
S	item
	Every
•	RECORD.
RGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
FOR	IS A
ESERVED	INK-THIS
RGIN R	UNFADING
	WITH
	PLAINLY,
No. 1	E.—WRITE
200	m

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Cecl	Registration Dist. No. 97
117	death occurred in a horpital or institution, giff its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmos ds.
2. FULL NAME Stillow Boys	<b>∕</b> .
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) July 10, 1934	I last saw h Stivicon Low 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months Days If LESS than 1 day,hrs. or Days	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Les Calien
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and	abortion
10. Date deceased lest worked at this occupation (month and spear) occupation occupation	2/
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importanco:
P	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Evelyn Edigabeth White	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT / Fospital records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place, 19	Neture of injury
19. UNDERTAKER(Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 17, 1934 Basen Frager Begistrat.	(Signed) (Address Many Mul)
If more blanks are needed address State Projects as	N. Chala Cara Palina Page C. N.

If more blanks are needed, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gallstones	May 1,1923	Gastroenteritis	1 year

RETURN TO THE PROPER LOCAL REGISTRAR. OF I PLACE OF DEATH CERTIFICATE OF DEATH County .. Registered No ..... Hundred (If death occurred in a Village RECORD hospital or Institution, give its NAME instead of street and number.) ERMANENT PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE. OF DEATH MARRIED, WIDOWED, OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) If less than that I last saw h malive on 7 AGE S 1 day, ..... hrs. I or min. and that death occured, on the date stated above, at OCCUPATION was as follows: The CAUSE OF DEATH (a) Trade, profession, or particular kind of work-(b) General nature of industry, business, or establishment in which employed (or employer) NFADIN BIRTHPLACE (State or country) 10 NAME OF Contributory. Secondary WITH 11 BIRTHPLACE Duration' PARENTS OF FATHER (State or country) 12 MAIDEN NAME so that it may be \* State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury: and (2) whether Accidental, Suicidal, or Hopicidal. 13 BIRTHPLACE OF MOTHER (State or country) 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG At place jo item o Where was disease contracted If not at place of death? (Address).Z usual residence-

## STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association

Z.

persons who have no occupation whatever, may be indicated thus. Farmer (retired, 6 yrs.). ginning of illness. If retired from business, that of the DISHASE CAUSING DEATH, state occupation at be-If the occupation has been changed or given up on account tic service for wages, as Servant, Cook, Housemaid, etc. specifically the occupations of persons engaged in domesdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a industry, and therefore au additional line is provided for industrial employments, it is necessary to know (a) the occupations a single word or term on the first line will be as Atschool or Athome. Care should be taken to report Women at home, who are engaged in the duties of the Day laborer, Farm laborer, Laborer-Coal mine, "Dealer," etc.; without more precise specification, as Never return "Laborer," material worked on mayform part of the second statement. (b) Grocery; (a) Foreman, (b) Automobile factory. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, the latter statement: it should be used only when needed. kind of work and also (b) the nature of the business or Stationary fireman, etc. But in many cases, especially in sufficient, c. g., each and every person, irrespective of age. various pursuits can be known. is very important, so that the relative healthfulness of Statement of occupation. - Precise statement of occupation Architect, or At home, and children, not gainfully employed, Locomotive engineer, Farmer or Planter, Physician, Compos-"Foreman," "Manager," The question applies to Civil engineer, write None. For many fact

symptoms or terminal conditions, such as "Asthenia," for malignant neoplasms); Measles; Whooping cough: origin; "Cancer" is less definite; avoid use of "Tumor" is indefinite); Tuberculosis of lungs, meninges, periton ningitis"); Diphtheria (avoid use of "Croup" only definite synonym is "Epidemic cerebrospinal mefor the same disease. Examples: Cerebrospinal fever (the CAUSING DEATH (the primary affection with respect to "Апаетіа" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronphritis, etc. Chronic valvular heart disease; Chronic interstitial ne aeum, etc., Carcinoma, Sarcoma, etc. monia; Bronchopneumonia ("Pneumonia," unqualified, fever (never report "Typhoid pneumonia" time and causation), using always the same accepted term Statement of cause of death .- Name, first, the DISHASE affection need not be stated unless important. The contributory (secondary or intercur-(merely symptomatic), "Artophy," "Col-., of... Never report mere ); Lobar pneu-); Typhoid

> statement of cause of death approv the head of consequences (e.g., sepsis tenanus head-homicide; Poisoned by carbo to determine definitely. Examples: state MEANS OF INJURY and qualify surgical operation was undertaken. "PUERPERAL peritonitis," etc. childbirth or miscarriage as "PURRE failure," "Haemorrhage," "Inan Nomenclature of the American Me Struck by railway train—accident, CIDAL, or HOMICIDAL, or as probab when a definite disease 'Old age," "Shock," "Uraemia ital," "Senile," etc.), "Dropsy," The nature of the injury, as "Coma," "Convulsions, Always qualify all disea "Contributory." Сап

out explanation, as the sole cause formation which give any of the fo work vast improvement, and its s cellulitis, childbirth, convulsions, h But general adoption of the minim peritonitis, phlebitis, pyaemia, Nore-"Certificates will be retui erysipelas, meningitis,

APPROVED NOV. 11, 1909. STATE BOARD OF HEALT

LOCAL SUB-REGISTRAR

FATHER MOTHER

important.

DEATH

OF

CAUSE

LION

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (Stete or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Neme of operation

Whet test confirmed diegnosis?.

23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? acciden

Where did injury occur? mear (mouriage

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, of In PUBLIC PLACE.

Nature of injury.

24. Wes diseese owinjury in eny wey releted to occupation of deceased?

If so, specify

(Address)

is State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
t - <sub>M</sub>			
5.			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07031
1. PLACE OF DEATH	(2109)
County Cleys	Registration Dist. No. 76
Village or City Principio Turnace	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Marshall Burkes	o gr. pp. p. p. p. p
(a) Residence: No. 2003 /Clear (Usual place of abode)	St., Ward. / Marack State / A  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  Cof.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurrice the word)  married	21. DATE OF DEATH  Alexard (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WITE of  (OR) WITE OF	22. I HEREBY CERTIFY, That I attended deceased from
B. DATE OF BIRTH (month, day, and year) Sett. m.hm. 1908.	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.45 G, m.
25 10 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Irade, profession, or particular kind of work done, as SPINNER, trusk driver SAWYER, BOOKKEEPER, atc.	crushed shall and
9. Industry or business In which work was done, as SILK MILL. Delivery. SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and July 34 spent in this occupation	
12. BIRTHPLACE (city or town) Beauford	Other Coutributory Causes of importance:
(State or country)  13. NAME WAN Shall Burkes	
14. BIRTHPLACE (city or town). Clikery	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?h_o
15. MAIOEN NAME CHICANOLOGY	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? The suicides to be followed by the suicide of Injury I 1934
16. BIRTHPLACE (city or town)— (State or, country)	Where did injury occur? Principio Furnace Ind
17. INFORMANT Lottie Weaver (Address) 2008 Reed Str. Phila, Ja.	Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. State highway - Norte 40.
8. BURIAL, CREMATION OR REMAYAL LINE CONTROL 13, 1931	Manner of injury autone obile truck collesion  Nature of injury crushed in cab
19. UNDERTAKEN CHARLES CONTROL (Address)	24. Was disease or injury in any way related to occupation of deceased? Yes  If so, specify the Compte of imployment.
20. FILED 7/17 1934 20, F Handles	(Signed) F. Nodney Frager Coroness
Registrar.	(Address) 66ll Ton Med.

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Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
19/			

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	071
ATH .			

1. PLACE	OF DEATH	WITH	Rame	—— (Isq			
County	Cecil 50 WL	WITHIN CORPG	WATE LIM	73 01	Registration	n Dist. No.	2
Village or	r City Uston	, journal ,	(If death	No. occurred in a hospital o	or institution, give its NAN	ME instead of street and	Ward
Length of r	residence in city or town where	death occurredyrs	nos.		J.S. if of foreign birth?		
2. FULL N	IAME UU	name	of H	Burroughs			
(a) Resid	lence: No.	(Usual place of abode)	. <u></u> S	t., Ward.	If nonreside	nl give city or town an	d State
PERSC	NAL AND STATIST	ICAL PARTICULARS		MEDICA	AL CERTIFICAT	E OF DEATH	
3. SEX 7	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	/ED, 21, ord)	DATE OF DEA	TH 2 3	(Day)	, 193
5a. If married, wid HUSBAND of	lowed, or divorced	-		/	/		(Tear)
(or) WIFE of			22.	THER	EBX CERTII	F Y That lattended	deceased from
6. DATE OF BIRT	H (month, day, and year)	July 21-15	76 19	st saw h	10	237. 1936	death is said
	fears Months	Days If LESS		eve occurred on the da	ite stated above, at 5	45 m.	<b>5</b> , 000 til 13 0010
preme	Grus	2) 1 day,	1116	PRINCIPAL CAUSE O	F DEATH and related car	uses of importance	,
Z 8. Trade, pro	ofession, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc			D. a.	Town	0	Date of onset
SAWY	ER, BOOKKEEPER, etc or business in which			V		<u> </u>	
work y	was done, as SILK MILL, MILL, BANK, etc			·····/	2 - 11		-
0 10. Dato dece	eesed lest worked at	11. Total time (years)spent in this			110-71		
12. BIRTHPLACE (State or c		one	Oth	er Contributory Causes	of importance:		
1	4. B.	- echr					
E	00	73-					
(State	CE (city or town)	Pa					
15. MAIDEN	NAME Brang	Green	1		rnal causes (VIOLENCE)		
ment .	CE (city or town) EQ 123	ton land	Acc		ide?		
17. INFORMANT 4. (Address)	Geo Bur	wigh R85			(Specify city ourred in INDUSTRY, in H	or town, county and Sta IOME, or in PUBLIC PL	Ie) ACE.
	ATION, OR REMOVAL	Date aug 3	31/	mer of injury			
19. UNDERTAKER (Address)	24 wp	Third	24. V		any way related to occu	pation of deceased?	
20. FILED Que	93-,1934	Paul Frager		(Signed) (Address)	81/2	Elem G	M. D.
		/ Kegisi		(,			·······································

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 17 1 163A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100 110

Recording to my	ACE FOR FURTHER STATEMENTS BY PHYSICIAN
death occurred	al 22, 1934 See letter in Permanent
File, June 49, 1941 2	Takus.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:00
County Co	Registration Dist. No.
Village or City of Mills sait 1. Th	No. St., Ward
Length of residence in city or town where death occurred which was mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Frank hamb	ers
(a) Residence: No Morth East, Mil.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 15 (Year)
5a. If merried, widowed, or divorced HUSBAND of	24. HEREBY CERTITY, That I attended deceased from
(or) WIEE OF Curry of Kambers	July 8 1934 10 July 15 19 30
6. DATE OF BIRTH (month, day, end year week, 8, 1884)	I lak saw h 1 alive on 19, 1934; deeth is sald
7. AGE Years Nonths Days If LESS then 1 dey,	to have occurred on the date stated above, et 4 - m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S Jrade, profession, or particular kind of work done, es SPINNER, abouter SAWYER, BODKKEEPER, etc.	Manning and it
9. Industry or business in which	Minuce Myscarallo 1930
work was done, as SILK MILL, May.	Knowie Endocarditis 1930
10 Date deceased last worked at this occupation (manth and 3 Z) spent in this year)	
Marth Son	Other Contributory Causes of importence:
(State or country)	
13. NAME Zendamin & leambers.	
13. NAME legation to learning.  14. BIRTHPLACE (city of lower) Kennills,	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alarage Navio	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Mi Baulaunane	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALLES SATURATION OF THE CARD AND STANDARD S	Specify whether injury occurred in INDÚSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAY DREMATION, ORDEMOVAL JULY 8 34	Menner of injury
planting Date 19 19 19	Nature of injury
19 UNDERTAKER De C. Callyson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jerry will have	If so, specify
20. FILED / 19 B4 do. Te Janker	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

07033

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	es Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07034
1. PLACE OF DEATH	
County Ceil MIN CONTROL OF STREET OF	Posietratina Diet. No. 92
Village or City Ellot,	Registration Dist. No. 7
Village of City (If	No. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Interver C. Ilen	(1st twin)
(a) Residence: No. with Early	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male (1) lute OR DIVORCED (write the word)	(Morth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	7
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 1 0	1934, to 1934 -, 1934
6. DATE OF BIRTH (month, day, and year)	I lest saw h
7. AGE Yaers Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4
ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trade, profassion, or perticular kind of work done, es SPINNER,	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as Stl. K MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at	o remapuse
work was dona, es STILK MILL, SAW MILL, BANK, etc.	12 1
	Dul
this occupation (month end spent in this year) occupation	
20 +1 6 , he 1	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) 1000 Cast 100	
13. NAME GONTA C. M.	
E many	
(State or country)	Name of operation
15. MAIOEN NAME Magin Bours	What test confirmed diegnosis? Was there en autopsy?
The state of the s	23. If daath was dua to axternal ceuses (VIOLENCE) fill in also tha following:
2 16. BIRTHPLACE (city or town) 10 114 Cast	Accident, suicide, or homicide? Dete of injury, 19
OD CAA	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Les Culley	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Worth East, Md  18. BURIAL, CREMATION, OR REMOVAL	
Place h. extly East M. E. Date July 23 19 3 4	Mannar of injury
D 0/	Nature of Injury
19. UNOERTAKER Joseph of Frank	24. Wes disaase or injury In any way related to occupation of deceased?
(Addrass) half East, Md,	If so, specify
20. FILED July 73, 1934 & Jaces Marser	(Signad) M. D.
Registrar.	(Addrass) State 2001

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon	15	why o	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

ADDITIONAL S	SPACE I	FOR :	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

. B.—WRITE PLAINLY, WITH ONFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
item	S sho	) jo :	1
). Every	SICIAN	atement	1
ECORI	PHY	tact st	
NT R	LY.	d. Ex	
MANE	ACT	lassifie	
PER	d EX	erly c	cate.
S IS A	state	prop	certifi
HIS	be	be	of
K—T	plnou	t may	back
IG IN	GE S	that i	no suc
ADIN	ed. 1	is, so	tructic
ANE	suppli	1 term	ee ins
VITH	fully	n plair	it. S.
LY, 1	care	TH in	portar
LAIN	ald be	DEA	ry im
E E	shor	OF	s ve
-WRITI	nation	CAUSE	TION is very important. See instructions on back of certificate.
B.	1	F	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(159)	,
County Ceut	Registration Dist No. 92	
Village or City	No. Assis Hospital St., With death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Infant Culley	(and twee)	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year	6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased	
0.1.1.19211	193 (1, to Janky 2, 7, 19	36
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19, deeth is	said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated abova, at	
or_2_2_min.	wera as follows:	onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	The state of the s	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date decessed last worked at this pecupation (month and	I demalled	
work was done, as SILK MILL, SAW MILL, BANK, atc.	Buch	
10. Date decessed last worked at this occupation (month and year) spent in this occupation coupation		
12. BIRTHPLACE (city or town) North Casy (State or country)	Dther Contributory Causes of importance:	
13. NAME Lorge Cully		
13. NAME Lorge Cilly 14. BIRTHPLACE (city or town)	Nama of operation Data of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME  Mary Cully Brue  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	0
State or country)	Where did injury occur?, 19	
17. INFORMANT Levige Cully (Address) North East Mod	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place Worth Cost M C. Date July 23, 19 3 Y	Natura of injury	
19. UNDERTAKER OSYPH R Thanks (Address) Prostly Early Men	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED July 73, 1934 Bause Brayer	(Signed) (Address) (Address)	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7=

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1934	. 0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0

PLACE OF DEATH	STATE OF MARYLAND
County Olde	CERTIFICATE OF DEATH
	Registration Dist. No. 93
Village or City Dhello (No.	St:: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME JOSEPH NOISLY	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH July 16, 1884
male Black Or DIVORCED (Write the winn Nowed)	(Month) (Day) (Year)
B DATE OF BIRTH   (Year)  (Year)	that I last law h Malive on Allay 6 21, 181
7 AGE     fLESS than	and that death occurred on the date stated above, at 10 P.m
O yrs. // mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work	Orone myocardies
(b) General nature of industry	
business, or establishment in	(Duration) yrs, mos de
9 BIRTHPLACE	Contributory Chronic archieles
(State or country) Collect Coo. Mo	Question Too
FATHER Samuel Horsey	(Glened) H. C.
II BIRTHPLACE	(Address)
(State or country) unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Griffen	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place / yrs 3 mos ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, elser mo
Con - 1 store a portand	Former or usual residence Elkson - Md
(Informant) Childs 2nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Child med July 17 193
as A. I	20 UNDERTAKER ADDRESS
Filed July 171984 Registras	Herripin Eleton hit
Te b b and added a 'entre beginten	. 16 W. Saratoga St., Balto., Requesting V. S. i.o. I.

(Approved by U. S. Census : nd American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at begin: ing of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Laborer—Load mine, etc. wounder at home, who are engaged in the duties of the household only (not Faid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e g. Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, Architect, etc., Without more pressure -rer, Farm loborer, Laborer--Coal mine, etc. Wom-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Automobile factory. The materia. Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros iral meningitis"); Linktheria (avoid use of "Croup"); Tychoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," (secondar/ or intercurrent) affection need not be st-ted unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (sccondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained hefore the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Alle S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
---

V. S. No. 1

Zi Zi	V.S. No. 1  V. S. No. 1  N. R. WRITE PLAINLY WITH UNEADING INK THIS IS A PERMANENT RECORD Every item of infor-	V WITTE	RGIN RESERVED FOR BINDING	RE	SERV	ED	FOR	PE	CNDING	5	RECORD	Roper	) meri	/ 1	/ 3
1	mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state	carefully	supplied.	AGE	should	be	state	E	XACT	LY	PHYS	CLANS	shoul	d sta	) (**
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	'H in pla	in terms, so	that	it may	be	prope	rly	classified		Exact sta	tement	00 Jo	CUP	-4
1	TION is very important. See instructions on back of certificate.	ortant.	See instruct	ions o	n back	of	certific	ate.							

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Cecil	Registration Dist. No. 97
	No. St., W  (If death occurred in a hospital or institution, give its NAME instead of street and number)  nos. ds. How long in U.S. if of foreign birth? yrs. mos.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 29 1934 (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO ol (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased I
6. DATE OF BIRTH (month, day, and year) Hy 29 /859 7. AGE Years Months Oays If LESS than 1 day,hi	THE FRIEDRAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and spant in this	Semle dementice 97902
12. BIRTHPLACE (city or town). Some on this cut (State or gountry) and atlantic occurrence.	Other Coutributory Causes of importance:
13. NAME LOCAL STATE OF THE STA	Name of operation Date of What test confirmed diagnosls? Was there an au'opsy?
15. MAIOEN NAME 20 formation  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT MARKET CILLLE DICK (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Oat July / 1937	Manner of Injury
19. UNDERTAKER Addisons Extra this control of the c	24. Was disease or injury in any way related to occupation of deceased? Plo  If so, specify
20. FILED LANGE 1954 -	(Address) Ellston, Mel

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RI	N. BWRITE PLAINLY, WITH UNFADING	mation should be carefully supplied. AGI	CAUSE OF DEATH in plain terms, so that	
V. S. No. 1	N. B.—WR	matic	CAU	E ( 9 sav

County Lecul M Charles	Registration Dist. No. 92
Village or City Elettra Maryla	ed Nollacon Hespitat. War
	(If death occurred in a hospital or institution, give its NAIME instead of street and number)  mos
Dr NIA	nosyrsyrsyrs
2. FULL NAME	Treathan
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (during the way)	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (2001)	I last saw h Still Court 19 death is sa
6. DATE OF BIRTH (month, day, and year)	0.00
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	In. Wera estollows: Date of ones
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	alwrtim
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and	alled left to have
SAW MILL, BANK, etc	been done in
1D. Data deceased last worked at this occupation (month and year)	Trelungers!
12. BIRTHPLACE (city or town) Union Hospital  (State or country)	Dther Contributory Canses of importance:
· · · · · · · · · · · · · · · · · · ·	
13. NAME FLOOR FREEZE	10:
14. BIRTHPLACE (city or town) Allawake (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Saya Jacob  16. BIRTHPLACE (city or town) Mayayaaa  (State or county)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
17. INFORMANT SALE JACK FREEMING CO. (Address) 701 N. Van Buran St. Willing Co.	Whera did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlacaDate,	9 Nature of Injury
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED July 12, 1934 Johnson Bry 8	(Signed) O Cloudy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	ALIC 8 1834	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RUREAU V. B. J	July 5, 1927	Peritonitis	3 days ago		
Other contributory c	auses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

of OCCUPA-

### TION is very important.

4 ()	U	7	0	4	0	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07040
1. PLACE OF DEATH	(31)
County Cecil	Registration Dist. No.
Village or City with East	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Canalina a a and	
(a) Residence; No.	Y C4 Wood
(a) residence. No. (Usual place of abode)	A. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 /
(or) WIFE of Elwow Trey	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2/18.51	I last saw har alive on July 7 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at S. A. m.
83 5 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Change Interstition
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7.00-+
10. Date deceased last worked at this occupation (month and spent in this	raprices
year) occupation	Other Cartributer Courses I management
12. BIRTHPLACE (city or town) abding to u	Other Contributory Causes of Importance:
(State or country) Harford Country	
13. NAME	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Amenato, to Fa	What test confirmed diagnosis? Was there an au'opsy?_
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
n 00 D. 111	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT WS Clear Cruschell (Address) AND EACH BAS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Porth East Mc Cam Date July 13, 1934	Nature of injury.
19. UNDERTAKER JOSEPH R. Grants (Address) November 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7 - 13 - 34, 19 Leo W. Quello Registrar.	(Signed) Mouth East me
Kegistrar.	(Wenters)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	H	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUDEAU V.S.	1	7			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Cecil	Registration Dist. No. 944
Length of residence in city or town where deeth occurredmos	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME / Euchand Heury	Hames
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 9th 193 ff
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decreased from
6. DATE OF BIRTH (month, day, and year) Ope 3 1903	i lest saw harm elive on uly gray, 183 Codeath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc.	Tulmonary whereu- about
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	loses
year) January	Other Contributury Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)  Color Colo	
13. NAME Harry S. Harris 14. BIRTHPLACE (city or town) wordlawn	
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Many L Affichardson  16. BIRTHPLACE (city or town). Charlestown	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Do Date of injury 19 19 19 19 19 19 19 19 19 19 19 19 19
17. INFORMANT I tary S I taines  (Address) Charlestones Med	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Marketon Date July 12, 10 4	Manner of Injury
19. UNDERTAKER TV. W. P. A. C. (Address) Election and	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 7-11-34, 19 See les Quelus Registrar.	(Signed) All Trugth M. D. (Address) Slaton - Ind

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of magartance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A POLITIONAL SPACE F	IOD NUMBER	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
IS IS A PERMANENT	e stated EXACTL	e properly classified.	f certificate.	
WITH UNFADING INK-THI	efully supplied. AGE should be	in plain terms, so that it may be	TION is very important. See instructions on back of certificate.	
1. BWRITE PLAINLY,	mation should be care	CAUSE OF DEATH I	TION is very importa	

1. PLACE OF DEATH	(207.9)
County Clay	Registration Dist. No. / 5
Village or City Port Deposit	No. St., Ward
Length of residence in city or town where death occurred 27 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) 'nos. 2/ ds. How long in U.S. if of foreign birth?
1.00.	
2. FULL NAMEWILLEAM ISGAC New	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (princ the word)	. 193 7
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2.0	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year) Teleg 13, 1907	I last saw h; death is said
AGE Years Months Oays If LESS than I day,h	
7   4   7   ormin.	were as follows: Date of onset
18. Kade, professión, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hemourage + mack
Rind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and by	land ung umputated as 1/4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) max 34 occupation 44MA	Other Contributary Causes of importance:
2. BIRTHPLACE (city or town) Cort Deposit	
(State or country)	
13. NAME Walter Henry  14. BIRTHPLACE (city or town) Port Deposit, port	
14. BIRTHPLACE (city or town) Port Deformed	7- Nama of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy? Pro-
15. MAIDEN NAME Mary Gordy	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Many Gordy  16. BIRTHPLACE (city or town) Porth Daposit,  (State or country)	Accident, suicide, or homicide?
(State of county)	Where did injury occur? Last We have the Manual State)
7. INFORMANT TELL TYCKS	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) for Deposit Md.  8. BURIAL EREMATION, OR REMOVAL	Manner of Injury Arobably a fall under moving
Place Skeabury Cell, Oat uly 8 193	Netura of Injury Suight than in attempting a re
A State Potter	
9. UNDERTAKER OF THE CALL OF T	24. Was disease or injury in any way related to occupation of deceased?
711 311 431 "	(Signed) J. Midney Frager Corpners
a suco // 6 10 th Lo. A. Haride	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDALL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

Cec11  Village or City E1x M1	118 0	Registration Dist. No	Ward number)
	death occurredyrs,mo Elizebeth Kay.~	sds. How long in U.S. if of foreign birth?yrsyrs.	mosds.
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town ar	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mohth) (Ody)	, 193 /
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Alfred K	lay.	1 HEREBY CERTIFY, Thet I ettende	d deceesed from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months 7.9	Aug 9 1854 Deys If LESS then 1 dey,hrs.	to have occurred on the date states above, et. 16 3 p.m.	death is said
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	coronoly thrombons	7-4-3 7-4-3
12. BIRTHPLACE (city or town) (State or country)	occupation	Other Contributary Causes of importence:  Deapeles Wellities.	1930
13. NAME John Nelso 14. BIRTHPLACE (city or town) (State or country)		Name of operation	
15. MAIOEN NAME Ann Jane Gallaher  16. BIRTHPLACE (city or town) (State or country)  Maryland		23. If death was due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Thomas Ka (Address) F. 1 k M 1 1 1  18. BURIAL, CREMATION, OR REMOVAL	*	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
19. UNDERTAKER Florence &	abuntally	Menner of injury  24. Wes diseese or injury in any way related to occupation of deceased?  If so, specify	
20. FILEO July 7, 1934	mark Jose 2	(Signed) Hallace in Johnson (Address) record	M.D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
Mau 1.1923	Other contributory causes of importance:	1 year
	1915 1921	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(F2-Q)	
1	County Cecil In	Registration Dist. No. 93	
	Village or City Colora	NoSt., Ward	
		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?	
	2. FULL NAME Addie Laura Kelie		
	(a) Residence: No	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Color or Race Colo	21. DATE OF DEATH  Aug 5  (Month) (Dey) (Yeer)	
	5a. If merried, widowed, or divorced HUSBAND of		
	(or) WIFE of The France of Teens	22. I HEREBY CERTIFY. That I attended decessed from	
ai	6. DATE OF BIRTH (month, day, end year) & left 17 to 1866	I last saw h delive on July S 197 ( death is seld	
cat	7. AGE Years Months A Days If LESS then	to have occurred on the date stated above, at	
certificate	67 // 5   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	
of ce	8 Trada profession or particular	acute Central housered Date of onest	
back	Kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last workad et this occupation (month and	July 4	
	SAW MILL, BANK, etc.		
no si	10. Data deceased last worked et this occupation (month and year)		
tion	12. BIRTHPLACE (city or town) New London	Other Contributory Causes of Importança:	
ruc	(Stata or country) Peru	1932	
instructions	13. NAME Joseph It Geleson	7.7.00	
See i	14. BIRTHPLACE (city or town) Blake	Name of operation we observe Data of W	
S	(State of country)	What test confirmed diegnosis? Was there an au'opsy? / ~ D	
int.	15. MAIDEN NAME Quais ? Usas formery, 16. BIRTHPLACE (city or town) Mes during	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also tha following:	
important		Accident, suicide, or hamicide?	
mp	(State or country)	Where did Injury occur? (Specify city or town, county and State)	
very i	17. INFORMANT Class One Do Hobellul	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
is v	18BURHAL, CREMATION, OR REMOVAL	Mennar of injury	
	Place Ut Dalein, Data Selg 9 , 1934	Nature of Injury	
TION	19. UNDERTAKER E. J. Sorr	24. Was disease or injury in any way related to occupation of deceased?	
L	(Addiese) Resung Sein. Alde.	If so, specify	
)	20. FILED 7 -6 1 1934 T. +	(Signed) Crust Toutase M.D.	
77	Zemiloniani Registrar.	(Address) La VENTER TONS Med	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH, in plain terms, so that it may be

B.—WRITE PLAINLY, WITH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STAT	ATEMENTS BY PHYSICIA	N
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V. S. No. 1

County Co	1. PLACE OF DEATH	OF MAKILAND	CERTIFICATE OF BEATTI
Village or City	C	See.	92
Langth of residence in city or lown where death occurred and a begin large minimal of the state of survey and	County County	g	
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR OR RACE OR DYNRED (seric kgs ords)  5. If married, widowed, or divorced for) by the of sort of the property of the ord of the property of the propert		W/161-	f death occurred in a hospital or institution, give NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLDR OR RACE OR DIVORCD Cornic by word OR DIVORCE Cornic by word OR DIVO	2. FULL NAME Wot	names	Stellbom Kline
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED Comit (ge word)  55. If married, widowed, or divorced HUSAND of COPY (Day)  55. If married, widowed, or divorced HUSAND of COPY (Wonth)  56. DATE OF BIRTH (month), day, and year)  6. DATE OF BIRTH (month), day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, protessin, or paticular wind of series dome, as SPINNER, Andrew Common Commo	(a) Residence: No.		
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6. DATE OF BIRTH (month, day, and year) July 28, 934 7. AGE Years Morkins Days II LESS than to have occurred on the date stated above, at month of the date	The While		July 28 193 4
6. DATE OF BIRTH (month, day, and year) July 28, 934 7. AGE Years Morkins Days II LESS than to have occurred on the date stated above, at month of the date	5a. If married, widowed, or divorced		
AGE  Vears  Mokths  Days  If LESS than I days. hrs. or. min.  8. Trade, profession, or particular kind of work done, as SPINNER, More as SPINN	(or) WIFE of		10.1. 28 211 1.1 15 3
The PRINCEPLA CAUSE OF DEATH and related above, at	0-	P. 35 1934	
8. Trade, profession, or particular kind of work dome, as SPINNER.  8. Industry or business in which shall be a season of importance were as follows:  9. Industry or business in which shall be a season of importance were as follows:  9. Industry or business in which shall shall be a season of importance were as follows:  10. Date deceased last worked at his occupation (month and paper) in his occupation (month and paper) in his occupation (month and paper).  12. BIRTHPLACE (city or town)  (State or country)  13. MAME Aller		Dave I If IESS than	
8. Trade, profession, or particular kind of work done, as SPINRER, SAWER, BOOKEEPER, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Date deceased last worked of this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CRAMATION, REMOVAL  Place  18. BURIAL, CRAMATION, REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED  10. Date dessine, or particular kind of work done, as SPINRER, SAWER, BOOKEEPER, etc.  10. Date of work done, as SPINRER, SAWER, BOOKEEPER, etc.  11. Total tima (years)  paper in his occupation  Other Cautributury Causes of Importence:  Other Cautributury Causes of Importence:  Other Cautributury Causes of Importence:  What test confirmed diagnosis?  Was there an autopsy?  22. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  Where did Injury occur?  (Specify city or town, county and State)  Specify whather Injory occurred In IMDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  24. Was disease or Injury in any way related to occupation of deceesed?  If so, specify  (Signed)  (Address)		1 day hrs.	
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(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Data String 19, 19.77  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  11 so, specify  (Signed)  Registrár.  (Address)  Manner of injury  Nature of injury  (Address)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  (Address)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  (Address)  Manner of injury  Nature of injury  Nature of injury  (Address)  Manner of injury  Nature of injury  Nature of injury  (Address)	17 INFORMANT Aus Cellen	Kline	Specify whather Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place ON Journal Data Hilly 19, 19 77  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of decessed?  16 so, specify  20. FILED May 24, 19 74 A Successive (Signed)  Registrár. (Address)  (Address)		Mid	
19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  11 so, specify  20. FILED May 24. 19 34 Abacust Frage (Signed)  Registrár. (Address)  (Address)  (Address)	18. BURIAL, CREMATION, OR REMOVAL .	1 0 6	Manner of injury
20. FILED US 24 1934 A Breezes Stages (Signed) A. A. Morrison M. E. Registrár. (Address) Charles M. E. Registrár.	Place OVO Jirenause.	Data/VULY 29 , 19 79	Nature of injury
20. FILED US 24 1934 A Breezes Stages (Signed) A. A. Morrison M. E. Registrár. (Address) Charles M. E. Registrár.	-110		24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 24, 1934 & Success Stayer (Signed) A. S. Morrison M. E. Registrár. (Address) Elston, Med			
20. FILED (Address) Elaton, Med	V. 1. 261 211 ()	The will trong	
	20. FILED 119 7, 19	Parister Parister	60107 . 041
	1 1 1		

CTATE OF MADVI AND CEDTIFICATE OF DEATH

1, 41 11 11 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at setsol or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1

Si-	PLACE OF DEATH	STATE OF MARYLAND
EX /	County Cleil	CERTIFICATE OF DEATH
, ¥	new millet Al	Registration Dist. No.
SSit	Village or City Middleller Co.	St.: Ward) (If denth occurred in a hospital or institu-
EXAC	2FULL NAME Zaider Jr. Lafy	ferty tion, give its NAME in- stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be pre	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MARRIED. MIDWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
CE shoul	6 DATE OF BIRTH  May 8, 1862  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 24, 1934 to July 28, 1934, that I last saw h & alive on July 28, 1934
	7 AGE (Store)	and that death occurred on the date stated above, at 5.50 P.m.
ed. Ans so t	72 yrs. 2 mos. 21 ds. or min.?	The CAUSE OF DEATH * was as follows:
suppli in term See in	(a) Trade, profession or particular kind of work	Caremona, Gall Bloddy 3
refully in pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
ATH mpo	9 BIRTHPLACE (State or country) Caroline Co. Ind.	Contributory PHMIPH G14, Combotice Secondary  (Duration) yrs. 2 mosds.
ould b	10 NAME OF Samuel Juman	(Signed) Edward M. Daughere M. D.
USE C	OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
matic e CA PATIC	of MOTHER Cleybille Little.	Accidental, Suicidal or Homlcidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
infor state	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the State yrs mos ds. State yrs mos ds.
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWGEDGE	if not at place of death?
sho	(Informant) M. N. S. Lafferty	usual residence
ery i	(Address) middleton Del. A.D.	Dove Def. Silver Che. puly 31, 1934
SEv	15 Filed Ally 30 19234 Coware Registrar	So an Dertaker Tolain Som middleton De

If more branks are needed, address State Registrar/16/W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ter:n for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

BUREAU

#### STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH bluods County\_ Registration Dist. No. Village or City Length of residence in city or town where death occurred \_\_\_\_ds. How long in U.S. if of foreign birth? \_\_\_\_\_vrs. \_\_\_\_mos. \_\_\_\_ds. SICIAN 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (waite the word) (Month) (Day (Year) BINDING 5a. If married, widowed, or divorced HUSBANO of 22. PHEREBY CERTIFY, That I attended deceased from (or) WIFE of 2 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than FOR to have occurred on the date stated above, af 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or \_\_ Q\_min. wera as follows Oate of onset 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. may back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10. Date dacaased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... instructions RGIN 12. BIRTHPLACE (city or town) (State or country) supplied, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What tast confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER important. 15. MAIOEN NAME i. 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicida, or homicide?\_\_\_\_\_ Data of injury\_\_\_\_\_\_, 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT very (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER S. No. (Addrass) If so, spacify m. (Signed).

Registrar.

If more flanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1048
1. PLACE OF DEATH	92-0	11
County S	Registration Dist. No.	6
Village or City Kallestown		Ward
Length of residence in city or town where death occurred yrs	death occurred in a horpital or institution, give its NAME instead of street and ni ds. How long in U.S. if of foreign birth?	ımber) s,ds.
2. FULL NAME / SUBIL Elsworth	Murfily	
(a) Residence: No. Charlestown	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OB RACE 5. SINGLE, MARRIDO, WIO QWED, OR DIVORCED write the words	21. DATE OF DEATH (bay)	193. H
5a. If married, widowed, or officed HUSBANO of Celebral M. Mushing	HEREBY GERT FY. That I ettended d	eceased from
6. DATE OF BIRTH (month, dey, and year lug de 1861)	I lest sew h man alive on Mun 29 1,1934	death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, et 2m.	
min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER Kind of work done, es SPINNER KIND OF WORK WEST OF THE WORK WEST.	Chimic Vielinelan	
9. Industry or business in which work wes done, as SILK MILL Club. SAW MILL, BANK, etc	Heart Deserve	
10. Oate deceased last worked at this occupation (morning of gas)  11. Total time (yeers) spent in this spent in this occupation occupation		
hantler - +- 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Ocule Cercliac Ulabalian	1 h he.
13. NAME JOSEfely Mugy they.		10 may
14. BIRTUPLACE (city or town) LOUTE EAST 1/1/1	Name of operation Date of	
(State of country),	What test confirmed diegnosis? Wes there en au	topsy?
15. MAIOEN NAME CCCAMUNA JACKSON  16. BIRTHPLACE (city or town) Cleil Co	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
SOU MAINTUIL	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or in PUBLIC PLACE  Specify whether injury occurred in INOUSTRY, IN HOME, or	
17. INFORMANT (Address) (Address)	The state of the s	E.
18. BURIAL, OREMANAL COMMENTAL PLANE TO 19 34	Manner of injury	
19. UNOERTAKER AND CALLED COMPANY (Address)	24. Was disease or injury in any way related to occupation of deceased?	~
20. FILEO 7/6 B4 L. F. Fanders Registrar.	(Signed) Dellu Careline	Q . M. D.
Registrar.	(Address) Welle Cul !!	×

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V. S. No. 1

1. PLACE OF DEATH	(QUA)
County Cecil	Registration Dist. No.
Village or City h orth East	No. St. Wa
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
1 11 2/ 3	yrsmos
2. FULL NAME William / Vriest	
(a) Residence: No. Norly Each (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  Male  4. COLOR OR RACE  OR DIVORCED (write the word)  Married, widowad, or divorced	21. DATE OF DEATH July (Day) 1934 (Year)
HUSBAND of Cor WIFE of Clara Marildin	1 HEREBY GERTIEY, That I attended deceased from 25,1934 to July 2,193
6. DATE OF BIRTH (month, day, and year) Nov 2 185-3	1 Ist saw him alive on July 2 , 1934, death is se
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 4032m.
00 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	angina Pictorio 6-20
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and 192) spent in this occupation (cupetion	
12. BIRTHPLACE (city or town) 3 is (Stata or country)	Other Contributory Causes of importance:
13. NAME SOCCE CO. FOR	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Malan Juan (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Daniel Oning (Address)  New York N	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place North East MC Date July 5 , 19-3-4	Nature of injury
19. UNDERTAKER SEPOL A Straut (Addrass) houly East Md	24. Was disaase or Injury In any way releted to occupation of decaesad?
20. FILED 7-5-3419 Let les. Quess Registrar.	(Signed) Act and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07050
1. PLACE OF DEATH	(96-a)
County Cacel	Registration Dist. No. 92
Village or City Elklin	No. St Warr
Longth of socidence in although the state of	f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME (sa Cambo	)
(a) Residence: No. Marth Cast	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male with widower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIPY That I attended deceased from
(or) WIFE of Matilda Freeman	1 HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, end year)	I lost saw h walive on Green 2 1934 deeth is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et 213-20
\$ \$19 7 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et  11. Totel time (years)	erain from Indertiels
9. Industry or business in which work was done as SILK MILL	days stails
work was done, es SILK MILL, Rolling Mull	
Spent in this	
yeer) occupetion	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town)	
(State or country)	Lave down Stairs
13. NAME 6 li Vando	
14. BIRTHPLACE (city or town) 70 the following the same of the sam	Neme of operation Dete of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sersame Fornfalt  16. BIRTHPLACE (city or town) Joseph J	23. If deeth was due to externel ceuses (VIQLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) 150 1 10 June 1	Accident, suicide, or homicide? Accident Dete of injury 7 - 18 19 34
(State or country)	Where did injury occur? north Gast, Civil Co, me
17. INFORMANT John Simpers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Weight Hel	In Hame
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Face Assure Searce
Place North Cast 11 Date July 1934	Nature of injury Concurred & Broken Riks
19. UNDERTAKER THE PROPERTY OF HEAVEN	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20, FILED 7-2-3- 1934 & Bans 1 Bayer	(Signed) Calling M.D.
Registrar.	(Address) North East, Ml.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HINEALL V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Example 1		Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		1 = \$267 % 4379		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	7052
1. PLACE OF DEATH,			
County Cacel	1	Registration Dist. No. 7	
Village or City Near Ceell	ou, mo,	NoSt.,	Ward
Length of residence In city of them where deeth securres	_ /	f death occurred in a horpital or institution, give its NAME instead of street and n  A	
2. FULL NAME Rachel	U. Asli	hy	
(a) Residence: No.		St., Ward.	
	place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
	MARRIED, WIDOWED, ORCED (write the world)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Harast Selly		22. I HEREBY CERTIFY. That I attended of aug. 31 1933 to July 74	deceased from
6. DATE OF BIRTH (month, day, and year)	1.1000		death Is said
7. AGE Years Months Day	If LESS than	to have occurred on the date stated above, at 1	
44 10 8	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8. Trade, profession, or particular	11 1	- Hole us tollows	Oate of onset
E kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myle	Coningna y exteres	about 2
9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc.	Your		In of
O 10. Date deceased last worked at this occupation (month end year)	otal time (yeers) spant in this corupation		
12. BIRTHPLACE (city or town) Creeb Co. (State or country)	na.	Other Contributory Causes of importance:	
I ( -0 6)	a and	Name of a second	
14. BIRTHPLACE (city or town)	1. 40 4	Name of operation Oate of What test confirmed diagnosis? Was there an e	
	d	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
5 16. BIRTHPLACE (city or town) Casib Co.	Ind.	Accident, suicido, or homicide? Date of injury	
2 (State or country)  17. INFORMANT Ossualll. 77.  (Address) Platme. 109 mil	Dyer from St.	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CRIMATION OR REMOVAL Place Selfer Carrelly Date J.	uly 26 1034	Manner of Injury	
19. UNDERTAKER The H. Coffee (Address) Carllord J.	id.	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED 1426, 1934	O Co Registrar.	(Signed) Carturius Goodson (Address) Cellous Tudin	M. D.
If more blanks are ne	eded, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonițis —	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

of OCCUPA-

2. FULL NAME  (a) Residence: No. 330 Notting han:  (b) Sual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  (b) Single, MARRIED, WIDOWED,  OR DIVORCED (Grite the word)  5a. If married, widowad, or divorced  HUSBAND ot  (or) WIFE ot  C. Ward.  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Yaer)  22.  1 HEREBY CERTIFY, That I attanded decessed from  19. to 19.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07053
Village or City.  Collection of residence in city or toys where death occurred.  Yes and a hospital for institution, given MAME instead of street and number)  2. FULL NAME  (a) Residence: NO. J.70  Method of Residence	1. PLACE OF DEATH	2102
Village or City.  Collection of residence in city or toys where death occurred.  Yes and a hospital for institution, given MAME instead of street and number)  2. FULL NAME  (a) Residence: NO. J.70  Method of Residence	County Cecil	Registration Dist. No. 92
Length of residence in city or torsh where death occurred yet and number of death occurred yet and	2004	No Union Hospital St Ward
2. FULL NAME  (a) Residence: No. 370 Netting grand sheets abody.  (b) Marchitent give day or town and State  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR MACE  5. SINCLE, MARRIED, WIDOWED, Ordine the word)  55. If married, widowad, or diverced with the word of the word	(1	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 339 Nothing Recent of Models of Residence (No. 339 Nothing Recent of Models of Recent of Models of Recent o	Length of residance in city or toy where death occurred	How long in U.S. if of foreign birth?mosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORED (spring the word)  OR	2. FULL NAME / Lerson Single	ton
3. SEX H. COLOR OR PARCE  1. COL	(a) Residence: No. 330 Notting han: (Uv	The contract of the contract o
Male Whit Storage Genic the word)  5.5. If married, widowed, or divorced (Der) Wife of (Or) Wife	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of Cory Wife of State or country)  BIRTHPLACE (city or town)  Classes of country)  What last confirmed diagnosis?  Was there an auroppy?  Classes of country)  Where did injury occur?  Where did injury occur?  Manner of injury confirced injury occur?  Name of operation.  Where did injury occur?  Classes of injury occur?  Classes of injury in any way related to occupation of decessed?  BIRTHPLACE (city before an injury occurred to country on country and State)  Specify whether injury occurred to country on country and country on country and country on country and country on country and country on country occurred to country on country on country on country occurred to country on country o	Male White OR DIVORCED (grife the word)	July 2 1934
6. DATE OF BIRTH (month, day, and year) ling 1/, 908 7. AGE  Year  Months  Days  11 LESS than The PRINCIPLA CAUSE OF DEATH and related causes of Importance West of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Lind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  See See See SPINNER, SAWYER, BOOKKEEPER, atc.  Lind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Lind of work one, as SPINNER, SAWYER, BOOKKEEPER, atc.  Lind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Lind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Lind of work one at spinler of the spinler o	HUSBAND ot	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were asyfollows:  Were asyfollows:  S. Frede, protession, or perticular were asyfollows:  S. F	6. DATE OF BIRTH (month, day, and year) lung 31, 1908	I last saw h alive on, 19, death is said
8. Trade, protession, or perticular kind of work dome, as SPINNER, suinter kind of work was done, as SILK MILL, SMA, set.  110. Date dacased last worked et spin this occupation month and fully 31 occupation month and fully 32 occupation.  12. BIRTHPLACE (city or town). Churchfulle spin this occupation with a spin tin this occupation.  (State or country)  13. NAME  14. BIRTHPLACE (city or town). Churchfull spin this occupation.  15. MAIDEN NAME  16. BIRTHPLACE (city town). Dublin spin this occupation.  16. BIRTHPLACE (city town). Dublin spin this occupation.  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  18. Specify and spin this occupation of decessed?  18. Specify of the spin this occupation of decessed?  18. Specify of the spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  20. FILED ML 73., 1934. Manual spin this occupation of decessed?  19. UNDERTAKER (Address)  2		
Register.  Redicass.  Register.  Register.  Register.  Redicass.  Register.  Register.  Redicass.  Register.  Register.  Redicass.  Register.  Register.  Redicass.  Register.  Redicass.  Register.  Redicass.  Register.  Register.  Register.  Register.  Register.  Register.  Redicass.  Register.		were endollowe's
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city beform)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVER  Place Residual Country  19. UNDERTAKER  (Address)  20. FILED  May  12. BIRTHPLACE (city or town)  Churchville  Made of operation  Name of operati	8. Trede, protession, or perticular	shock and 37 degree 3/
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city beform)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVER  Place Residual Country  19. UNDERTAKER  (Address)  20. FILED  May  12. BIRTHPLACE (city or town)  Churchville  Made of operation  Name of operati	SAWYER, BOOKKEEPER, atc.	burns of both legs 1 1934
12. BIRTHPLACE (city or town) Churchville (State or country)  13. NAME  14. BIRTHPLACE (city or town) Churchville (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city before) Suggleton  16. BIRTHPLACE (city before) Suggleton  17. INFORMANT Theodore Suggleton  18. BURIAL, CREMATION, OR REMOVED  Place Responses  19. UNDERTAKER AND A Continuation of the Country	work was done, as SILK MILL,	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Theodore Singleton  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city betown)  (State or country)  17. INFORMANT  Theodore  (Addrass) 330 Nottlingham and or of operation  (Addrass)  18. BURIAL, CRESATION, OR REMOVEL  Place  19. UNDERTAKER  (Address)  20. FILED  MAY 73., 1934  (Address)  Other Country Ochecond Importance:  Other Country Acceptation  Other Country Date  Other Country Acceptation  Other Country Causes of Importance:  Other Country Acceptation  Other Country Causes of Importance:  Other Country Acceptation  Name of operation  What tast confirmed diagnosts?  Was there an au'opsy? Inc  Accident, suicide, or homicide? Accident Date of Injury Inc.  (Specify whether injury occurr? Accapt Concountry and State)  Specify whether injury occurr? Accapt Concountry and State)  Specify whether injury occurr? Accapt Concountry and State)  Specify whether injury occurr? Accapt Concountry and State)  Name of operation  What tast confirmed diagnosts?  Was there an au'opsy? Inc.  Accident, suicide, or homicide? Accident Date of Injury Inc.  (Specify with the right city or town).  Specify whether injury occurr? Accident in House or in PUBLIC PLACE.  Specify whether injury occurr? Accident in House or in PUBLIC PLACE.  Specify whether injury occurr? Accident in House or injury in any way related to occupation of deceased?  Name of operation  Name of operation  Name of operation  Name of operation  Accident, suicide, or homicide? Accidents in Accident in Acc		
State or country   State or co	00'0'0	Other Coutributory Causes of Importanca:
13. NAME  14. BIRTHPLACE (city or town) Church bill, Made (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city belown) Dubling (State or country)  17. INFORMANT Theodore Single tarm (Specify city or town), country and State)  18. BURIAL, CREMATION, OR REMOVED.  18. BURIAL, CREMATION, OR REMOVED.  19. UNDERTAKER (Address)  20. FILED May 73., 1934 March 1934 March 25. (Signed) J. March 25. (Address) J. March 25. (Signed) J. March 25. (Address) March 25. (Signed) J. March 25. (		•
What tast confirmed diagnosis?  Was there an au'opsy? Moderate of the state of the	200	
What tast confirmed diagnosis?  Was there an au'opsy? Moderate of the state of the	E Charles 100:	
15. MAIDEN NAME  16. BIRTHPLACE (city brown)  (State or country)  17. INFORMANT  (Addrass) 330 Nottlingham likel Oxford la.  18. BURIAL, CREMATION, OR REMOVEL  Place textford caunty  Date  Dat	(State or country)	4
Where did Injury occur? The Specify city or town, country and State)  17. INFORMANT Theodore Singleton, (Addrass) 330 Nottingham and State Specify whether injury occur? In HOME, or in PUBLIC PLACE.  (Addrass) 330 Nottingham and State Specify whether injury occur? In HOME, or in PUBLIC PLACE.  (Addrass) Specify whether injury occur? It at high way in PUBLIC PLACE.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur? It at high way.  (Addrass) Specify whether injury occur?  (Addrass) Specify whether injury occur?  (Addrass) Specify at high way.  (Addrass) Specify at		
Where did Injury occur? Manual State (Specify city or town, country and State)  17. INFORMANT Theodore Single ton (Addrass) 330 Nottingham lived Oxford Pa.  18. BURIAL, CREMATION, OR REMOVED  Place tenford ountry Date July 75, 1974  19. UNDERTAKER (Address)  20. FILED July 73, 1974 July Registrar.  Where did Injury occur? The Country and State (Specify city or town, country and State)  Specify whether ipjury occur? The Country and State)  The Country and State)  Specify whether ipjury occur?  The Country and State)  Specify city or town, country and State)  Specify whether ipjury occur?  The Country and State)  Specify city or town, country and State)  Specify city or town, country and State)  Specify whether ipjury occur?  Manner of injury autom oble colleges and fine and fi	IS. MATUEN NAME Jennie suigle on	101
Where did Injury occur? Manual State (Specify city or town, country and State)  17. INFORMANT Theodore Single ton (Addrass) 330 Nottingham lived Oxford Pa.  18. BURIAL, CREMATION, OR REMOVED  Place tenford ountry Date July 75, 1974  19. UNDERTAKER (Address)  20. FILED July 73, 1974 July Registrar.  Where did Injury occur? The Country and State (Specify city or town, country and State)  Specify whether ipjury occur? The Country and State)  The Country and State)  Specify whether ipjury occur?  The Country and State)  Specify city or town, country and State)  Specify whether ipjury occur?  The Country and State)  Specify city or town, country and State)  Specify city or town, country and State)  Specify whether ipjury occur?  Manner of injury autom oble colleges and fine and fi	16. BIRTHPLACE (city brown)	
(Address) 330 Nottengham well Or ford ta.  18. BURIAL, CREMATION, OR REMOVED  Place tenford annly Date July 75, 1974  Nature of Injury autom oble collision and fine Nature of Injury laccuations, broken arm, burns, on legs  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased? It so, specify  18. BURIAL, CREMATION, OR REMOVED  Nature of Injury autom oble collision and fine Nature of Injury in any way related to occupation of deceased? It so, specify  (Signed)  19. UNDERTAKER (Address)  (Signed)  (Address)  (Address)  (Address)	The or country	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVED  Place Herford County Date July 75, 1974  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  18. BURIAL, CREMATION, OR REMOVED  Nature of Injury Accurations, broken area, burne, on legs  24. Was disease or injury in any way related to occupation of deceased?  16. Signed)  26. FILED July 73, 1974  Registrar.  (Address)  (Address)  (Address)	17. INFORMANT Shead ore Sungleton, p.	CIIVIV RATE
Place Herford County Date July 75, 1974  Nature of Injury Increations, broken aren, burnes on legal 19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased? It so, specify  If so, specify  (Signed)  Registrar.  (Address)  (Address)  (Address)		110 00
20. FILED July 73, 1934 January January (Signed) J. Walney Frager Coroneg (Address) Ell ton Miles	Place Herford County Date July 75, 1974	
20. FILED July 73., 1934 Januar Junes (Signed) J. Moducy Frager Corones (Address) Ell ton Mide		
	20, FILED July 23, 1934 Januar Janes	(Signed) J. Nodrey Trager Corones

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows.	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

190 80 p1

See instructions on back of

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6 .	4	4 1	Pro	- 6
12	1	FF	20	13
0	0	17	1 7	194
		-	-	-

1. PLACE OF DEATH	82-2
County Cecci	Registration Dist. No.
Village or City Ceeellan	No. St., Ward
Langth of rasidence in city or town where death occurred - TLyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds.
	G .
2. FULL NAME Claron Than	as ciseal
(a) Residence: No. Ceciltan	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDE  OR DIVORCED (write the	(word) Anly 23 1934
5a. If married, wdowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. IHEREBY CERTIFY, That I attended deceased from
130 00000	July 17 1934 to July 25 1946
6. DATE OF BIRTH (month, day, and year)	160   I last saw halive on
	SS than to have occurred on the date stated above, at 2030Cm.
73 9 8 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A Comment of the same
A landustry or business in which	and may for 13
work was done, as SILK MILE.	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation consultation	
Post il income	Other Cuntributury Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	Chronie Cystitis 5-10-31
13. NAME PORTS STATE 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy? A
15. MAIDEN NAME HEATEN WINE	23. If daath was due to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
Caro Star	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CONCINCIONAL CONC	and the second state of th
18, BURIAL, CREMATION, OR REMOVAL	Manage of Jalium
0 -0 1 1 0 0	Manner of injury
111	Nature of injury
19. UNDERTAKER SCHASIL & Works	24. Was disease or injury in any way related to occupation of deceased?
(Address) mille town de	If so, specify
20. FILED Kely 28 1934 H	(Signed) M. D.
Re	reighter (Address) Con Stan Mil

If thore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINEAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I .

FOR BINDING

RGIN RESERVED

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	055
1. PLACE OF DEATH	0	7
County Cecif	Registration Dist. No.	
	NoSt., f death occurred in a horpital or institution, give its NAME instead of street and num	
Length of residence in city or town where death occurredyrs	How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME George Washington Ste	phena.	
(a) Residence: No. 7120 Warne twe	St. Ward Uper Darby la.	
(Usual place of abode)	If nonresident give fity or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  14. COLOR OR RACE  15. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH July 8	93.4
5a If married widowed or divorced	(Month) (Dey)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Morton Stephens	22. I HEREBY CERTIFY, Thet'l ettended dec	eased from
& DATE OF RIRTH (month dev and vestales 3 - 1856		togen in agid
6. DATE OF BIRTH (month, dey, and years) 7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at ? P. m.	legtii 12 3GIG
70	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance	
/ 8   Or min.	were es follows:	Date of onset
8. Trade, profession, or perticuler kind of work done, es SPINNER, retired SAWYER, BOOKKEEPER, etc.	probably acuty distration	1/8/34-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month end		
10. Date deceased lest worked et this occupation (month end 1930 spent in this occupation		
Chi	Other Contributory Causes of Importence:	_
12. BIRTHPLACE (city or town) (State or country)	angua pectororo	you
1 1/2 //		
13. NAMEN ashington Stephens 14. BIRTHPLACE (city or town)	Neme of operation	
(State or country)	What test confirmed diegnosis? Was there an au'o	
15. MAIDEN NAMETELY a Me Huma	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:	, , , , , , , , , , , , , , , , , , , ,
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19
O X 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	-, 10
17. INFORMANT Severard Co. Stephens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) 71 to Wayne and hier thisby /2		
Plece Meddletoning Del- Date July 10, 1934	Manner of Injury	
19. UNDERTAKER MINISTER PROPERTY PROPER	24. Was disease or injury in any way releted to occupetion of deceased?	ho
(A(d) ess) Millingfor Md.	If so, specify	
20. FILED My (C., 1934) Registrar.	(Signed) 1. 1100 may Trager evro	nerm o
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.	JIE .

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To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

THE THE	IN KENERVE	ARGIN RESERVED FOR BINDING		1
-WRITE PLAINLY, WITH ONFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	DING INK-TH	IS IS A PERMANENT I	RECORD, Every i	item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	I. AGE should	be stated EXACTLY.	PHYSICIANS	should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	so that it may	be properly classified. H	Exact statement	of OCCUPA.
TION is very important. See instructions on back of certificate.	uctions on back	of certificate.		1

B.—WRITE PLAIN

ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07056
1. PLACE OF DEATH .	(48)
County ( esser	Registration Dist. No. 96
Village or City forthe Sout	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Journsto.	ef
(a) Residence: No. John (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1848.	I last saw h. A. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
85. 9 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	4//
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this pecuation (month and the period of the period	aremme minus 1733
10. Date deceased last worked at this occupation (month and 92 spent in this occupation compation occupation	
12. BIRTHPLACE (city or town) lennagrows (State or dountry)	Other Contributory Causes of importance:
13. NAME AND AND AND THE 14. BIRTHPLACE (city or town) - Sallen Co. M. G.	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AND SUPERIOR OF STATE OF SOURTH OF SOURT	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17, INFORMANT Selm (substant) (Address) Des Organis Sel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of the Date of 19	Nature of injury
19. UNDERTAKER Jel Control	24. Was disease or injury In any way related to occupation of deceased?
(Address) (Sellywelle), MA	If so, specify
20. FILED Office 1995 4 J. Sanders	(Signed) (Address) 9 07W7 CM (VI) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		[ NECEIVED	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
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TION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
7			100	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY BUYSICIAN

The under D. C. a. Kane - Oct 12, 1934 and . Un. Rodney Frazer - Oct 16, 193

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

0	1	0	5	8
				77

1. PLACE OF DE	ATH			(No			. 3
CountyC	ecil		and deal	nels	Registration	Dist. No	2
Village or City	Cherry	H111		No.	'- NAME	St.,	Ward
Langth of residence in	city or town where de	eath occurred		death occurred in a hospital or			
2. FULL NAME	Elizehe	th Jane	Whitten				
(a) Residence: No.		-041 -0 etile	will coell	St., Ward.			
		(Usual place		A .		give city or town ar	nd State
PERSONAL A					L CERTIFICATE	OF DEATH	
Female 4. col	White		(write the word)	21. DATE OF DEA	July (Month)	20 (Dey)	. 193 (Year)
5a. If merried, widowed, or di HUSBAND of	ivorced ! el	200-11	18.00				
(or) WIFE of	W.	idow	nercen	22. I HERE	BY CERTIF	/1 //	d deceased from
6. DATE OF BIRTH (month,	LEM and week	7 31 18	45	i last saw h es alive	on July 6	4 / 193	4; death is sald
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date	e dated abova, a P.3	OP.	
89	7	20	1 day, hrs.	The PRINCIPAL CAUSE OF were as follows:	DEATH and ralated caus	as of importenca	
8 Trade profession or particular			Senile	dequent	ca	Date of onset	
SAWYER, BOOKK	EEPER, atc	lousewin	fe				
9 Industry or business work wes done, a SAW MILL, BANK	In which						
U 10. Oate decaasad last v	vorked at	11. Total ti	me (years)				
10. Oate decaasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation							
I2. BIRTHPLACE (city or tow	n)			Other Cantributory Causes of	it importance:		1 140
(State or country)	mai	ryland					
II 13. NAME W	illiam Ta	w lor					
4 14. BIRTHPLACE (city or	town)	.) TOT		Name of operation		Oate of.	
(State of country	Mai	y land		What tast confirmed diagnos	sis?	Was thera ar	aulopsy? 940
15. MAIDEN NAME		th Robe	rts	23. If daeth was due to extar	nat causes (VtOLENCE) fi	Il in also the followi	ing:
15. MAIDEN NAME  16. BIRTHPLACE (city or (Stete or country)				Accidant, sutcida, or homici	de?	Date of injury	, 19
- 1 (Stele or country	Ma	try land-		Whare did injury occur?	(Specify city or	town, county and St	tale)
17. INFORMANT(Addrass)	my	omsi	'N	Spacify whether injury occu	rred in INDUSTRY, in HO	)ME, or in PUBLIC F	PLACE.
18. BURIAL, CREMATION, OR	REMOYAL	- min		Manner of injury			* * * * * * * * * * * * * * * * * * * *
Place abin	gden Com	closie for	Ly 24, 1934	Neture of injury			
19. UNDERTAKER	Orene 9	afer	alhi	24. Was disease or injury in		pation of dacaased?	no
(Address)	Ellelen			If so, specify	7-17-		
20. FILED July 72	1934/1950	mus ( Fr	racer	(Signed)	Mon	non	M. 0.
			Registrar.	(Addrass) _ E	ession	, wel	
	If more b	lanks are needed, a	daress State Registrar,	2411 N. Charles Street, Baltimo	ore, Requesting U. S. No.	. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory course of incontributors	
		Other contributory causes of importance:	DE LOS
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 0705	59
1	. PLACE OF DEATH		0	92.00	
	County Cecil		3 nd 1	Festivel Registration Dist. No. 42 9	3
	Village or City Pleasan	t H111		NoSt.,	Ward
	Length of recidence in city or town where do	ath comured		death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos.	de
	M		Williams	us. now long in 0.5. it of foleigh bilth: yrs mos.	us.
1	. FULL NAME Mary Es	CETTS	MITTIAMS		
	(a) Residence: No.	(Usual place	of shods)	St., Ward.  If nonresident give city or town and State	-++-
-	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	- continuent
3.	Female Colored		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) 2 (Day)  (Yea	G
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Robert W1	lliama		22. I HEREBY CERTIFY. That I attended deceased	from
	0.0	t. 3.	1889.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27
1	DATE OF BIRTH (month, dey, end yeer)  AGE Years Months	Devs	If LESS than	to have occurred on the data stated above, at	s said
	45 9		1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NO	8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Housew	ormin.	were as follows: Date of Date of	
ATI	SAWYER, BOOKKEEPER, etc	110000			
UP	work was done, as SILK MILL, SAW MILL, BANK, etc.			alla Monghation 92	43
OCCUPATION	ro. Date deceased last worked et this occupation (month end year)	spa	time (years) ent in this upation	V	!-
12.	BIRTHPLACE (city or town) Perins (State or country)	sylvani	.a	Other Cuntributury Causes of Importance:	
ER	13. NAME John More	gan			
FATHER		land		Name of operation Date of	
-	(State or country)			What test confirmed diagnosis? Was there an autopsy?_	
IER.	15. MAIDEN NAME Margare			23. If death was due to externel causes (VIOL ENCE) filt in also the following:	
MOT	15. MAIDEN NAME Margarett Hammond 16. BIRTHPLACE (city or town) Pennsylvania (State or country)			Accident, suicide, or homicide?	
17.	INFORMANT Robert Wi (Address) EIRto	lliams n RD 4		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL			Manner of injury	
	Plece Ceder Hill Cel	metery	July 6 19	Nature of Injury	
19.	UNDERTAKER Thornes (Address)	& abo	malling	24. Was disease or Injury in any way related to occupation of deceased?	
20.	FILED Seale 4 1984 Jos	asic	Hage Kegistrar.	(Signed) Ja L. Johnson (Address) 2156/14 gla St Ellon	M. D.
	If more b	lanks are needed,	addres State Registrar.	2411 N. Charles Street, Ballimore, Requesting V.S. No. 1.	-

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RUNEAU	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

Ø	be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPA-	
	Every CIANS ement	
•	ORD. HYSIC t stat	
	REC Y. P Exac	
D FOR BINDING	RMANENT X A C T L classified.	
E E	d E	
FOF	IS A state prope	
A	IIS be	

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 07060		
1. PLACE OF DEATH ,	,			
County Count	/ //	Registration Dist. No. 92		
Village or City 722	Zerc/an	No. St., Ward		
Length of residence in city or town where de		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?		
2. FULL NAME Folice	Elwood R.	blue h		
(a) Residence: Np.	8	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTIC	The second secon	MEDICAL CERTIFICATE OF DEATH		
J. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  July 23, 193 4  (Month) (Oay) (Year)		
5a. If married, widowed, or divorced HUSBAND of		22 LHERERY CERTIEV That I attended descend from		
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from  19 30 to July 2 3 19 34		
6. DATE OF BIRTH (month, day, and year)	129-1927	I last saw h its alive on July 22, 1934; death is said		
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at		
7 3	1 dey,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	7	Af		
9. todustry or business in which	nu	Charie Valorel - hast		
work was done, es SILK MILL, SAW MILL, BANK, etc		-dist use		
	11. Total time (years) spent in this			
year)	occupation	Other Contributory Causes of importence;		
12. BIRTHPLACE (city or town)(State or country)	nd	of the the tenth of		
	. worl 3. leless.	( Present at her It.)		
13. NAME JUNELLE 14. BIRTHPLACE (city or town)	The state of the s	Name of operation		
(State or country)	rel	What test confirmed diegnosis?		
15. MAIDEN NAME Dece	a ware	23. If death was due to external causes (ViOL ENCE) fill in also the following:		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?, Date of injury, 19		
(State or country)	1010	Where did injury occur? (Specify city or town, county and State)		
17. INFDRMANT THE CLEAR (Address)	di Dref 10	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	× 0 0 1	Manner of injury		
Piace A Confiction	iDete July 2 4, 193 (	Neture of Injury		
19. UNDERTAKER OFL J.	me ,	24. Was disease or injury in any way related to occupation of deceased?		
(Address)	all Dal	If so, specify		
20. FILED July 26, 1934 10	vaul frage	(Signed) I allacam fo hurou M. D.		
(1)	Registrar.	(Address) Mewatth ,		

If mure blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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